

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003578</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>06/17/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>GILMAN HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1390 SOUTH CRESCENT STREET, BOX 307 GILMAN, IL 60938</b>		
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S 000	Initial Comments  Annual Licensure and Certification Survey	S 000			
S9999	Final Observations  STATEMENT OF LICENSURE VIOLATIONS:  300.615e) 300.615g) 300.615j) 300.625c) 300.625i) 300.625j)  Section 300.615 Determination of Need Screenings and Request for Resident Criminal History Record Information.  e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act) g) If the results of the background check are inconclusive, the facility shall initiate a fingerprint-based check, unless the fingerprint check is waived by the Director of Public Health based on verification by the facility that the resident is completely immobile or that the resident meets other criteria related to the resident's health or lack of potential risk, such as	S9999			

**Attachment A**  
**Statement of Licensure Violations**

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

07/05/16

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S9999	<p>Continued From page 1</p> <p>the existence of a severe, debilitating physical, medical, or mental condition that nullifies any potential risk presented by the resident. (Section 2-201.5(b) of the Act) The facility shall arrange for a fingerprint-based background check or request a waiver from the Department within 5 days after receiving inconclusive results of a name-based background check. The fingerprint-based background check shall be conducted within 25 days after receiving the inconclusive results of the name-based check.</p> <p>h) A waiver issued pursuant to Section 2-201.5(b) of the Act shall be valid only while the resident is immobile or while the criteria supporting the waiver exist. (Section 2-201.5(b) of the Act)</p> <p>j) The facility shall be responsible for taking all steps necessary to ensure the safety of residents while the results of a name-based background check or a fingerprint-based background check are pending; while the results of a request for waiver of a fingerprint-based check are pending; and/or while the Identified Offender Report and Recommendation is pending.</p> <p>Section 300. 625 Identified Offenders</p> <p>c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following:</p> <p>1) Immediately notify the Department of State Police, in the form and manner required by the Department of State Police, that the resident is an identified offender.</p> <p>2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and</p>	S9999			

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S9999	<p>Continued From page 2</p> <p>other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files.</p> <p>i) For current residents who are identified offenders, the facility shall review the security measures listed in the Identified Offender Report and Recommendation provided by the Department of the State Police.</p> <p>j) Upon admission of an identified offender to a facility or a decision to retain an identified offender in a facility, the facility, in consultation with the medical director and law enforcement, shall specifically address the resident's needs in an individualized plan of care.</p> <p>These requirement are not met as evidenced by:</p> <p>Based on record review and interview the facility failed to contact the Illinois Department of Public Health Identified Offender program to conduct a Criminal History Analysis Security Recommendation (CHAR) report for three of four residents (R12, R28, R29) who's criminal background checks indicated felony convictions. The facility failed to initiate an UCIA (Uniform Conviction Information Act) background check within 24 hours of admission for one resident (R27) who subsequently was determined to be an Identified Offender. The facility failed to create timely care plans to address Identified Offender status. This affected one resident (R12) reviewed for criminal background checks in the sample of</p>	S9999			

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S9999	<p>Continued From page 3</p> <p>15 and three residents (R27, R28, R29) in the supplemental sample.</p> <p>The findings include:</p> <p>On 6/14/16 at 11:00 am the facility provided a list of four residents (R12, R27, R28, R29) who were Identified Offenders. The list included;</p> <p>"1. R27-Risk Level (Low) (State Police Officer Z2 ) here 6/14/16. Possession of Controlled Substance, Manufacturing/Delivering Controlled Substances, Retail Theft/Dispersing Merchandise, and Attempted Theft.</p> <p>2. R12- Risk Level (Low) (State Police Officer Z2 ) here 6/13/16. Theft and Possession of Cannabis.</p> <p>3. R28 Risk Level (Low) Waiting on newer background check. Criminal Trespass to land, Burglary.</p> <p>4. R29 Risk Level Low Waiting to be finger printed, been in hospital. Domestic Battery/Bodily Harm, Attempt Destroy Evidence, Obstructing Justice, Forgery/Issue/Deliver Document."</p> <p>On 6/15/16 at 2:45 pm Administrator E1 stated she looked over the documentation for R12, R27, R28, and R29 and found that the facility had not been requesting Criminal History Analysis Security Recommendation (CHAR) reports in a timely manner. E1 stated the State Police were in the facility last week and conducted the CHAR (Criminal Analysis Security Recommendations Report) for 3 of the 4 residents on the list. R29 was in the hospital so one was not completed for R29.</p> <p>R28's Illinois Department of Public Health (IDPH) Identified Offender Reporting Form dated 6/14/16 documented R28's date of admission was</p>	S9999			

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S9999	<p>Continued From page 4</p> <p>12/05/13. The Background Check Verification was dated 5/26/16 and 12/03/13 and stated "Waiting for New Background". The reporting form dated 6/14/16 documented " Low Risk" but there was no attached Criminal Analysis Security Recommendations Report (CHAR)by the State Police. There was an Identified Offender Risk Screening Assessment completed by the facility on 5/27/16 which scored R28 at Low Risk. There was a copy of January 29, 2014 Live Scan Fingerprinting record and a copy of a Uniform Conviction Information Act (UCIA) background check dated 12/19/13 that documented a "HIT" for felony convictions for Burglary. R28's care plan last reviewed 5/19/16 had a Problem start date of 8/27/15 "Resident is an Identified Offender, per IDPH guidelines." Long Term Goal Target Date 8/19/16 stated "Resident will participate appropriately within the facility." The Approach stated "Monitor and intervene per facility policy mitigate any risk to the resident and others." There were no CHAR recommendations from the State Police in the care plan.</p> <p>R12's IDPH Identified Offender Reporting Form dated 6/14/16 lists an admission date of 11/3/15. The Background Check Verification date was 5/26/16. An Identified Offender Risk Screening Assessment conducted by the facility on 5/27/16 listed R12 at Low Risk. There were no attached CHAR report recommendations from the State Police. The UCIA background check dated 11/3/15 and 5/26/16 results were a "HIT" for Theft. R12's Care plan created 6/14/16 stated (R12) is an Identified Offender, per IDPH guidelines. The resident has a history of criminal behavior , however the resident has demonstrated stability during the admission screening process does not appear to present an unusual risk..There was a verification of a Live</p>	S9999			

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S9999	<p>Continued From page 5</p> <p>Scan finger print done on 6/1/16. There was a letter dated 6/6/16 from IDPH Identified Offender Program that acknowledged that the Identified Offender Program received R12's information and the submission was being processed. The letter stated "You should receive the completed Criminal Analysis Security Recommendations Report in approximately 45 days."</p> <p>R29's IDPH Identified Offender Reporting Form dated 6/14/16 lists an admission date of 11/11/15. The form documents Background Check Verification as 11/11/15 and 5/26/15 for Felony convictions No fingerprints were done. The UCIA report documents a "HIT" for Domestic Battery/Bodily Harm (2010) along with other felony convictions. There was an Identified Offender Risk Screening Assessment completed 11/11/15 by Social Service E17, identified R29 at Low Risk, however there was no evidence of a CHAR by the State Police.</p> <p>R27's Illinois Department of Public Health (IDPH) Identified Offender Reporting Form dated 6/14/16 showed an admission date of 5/06/16. R27's date of birth was 5/15/39. The Background Check Verification was documented as completed on 5/26/16. The UCIA background check results were a "HIT" for multiple felony convictions. The facility Identified Offender Risk Screening Assessment dated 5/26/16 by E17 listed Low Risk. The care plan created 6/14/16 stated R27 was an Identified Offender for to a history of criminal behavior but the resident has demonstrated stability and does not appear to be a risk. There was a letter dated 6/6/16 from IDPH Identified Offender Program that acknowledged that the Identified Offender Program received R27's information and the submission was being processed. The letter stated "You should receive</p>	S9999			

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S9999	<p>Continued From page 6</p> <p>the completed Criminal Analysis Security Recommendations Report in approximately 45 days."</p> <p>Identified Offender Binder information for R12, R27, R28 and R29 was reviewed with Administrative Assistant E8 on 6/16/16 at 10:25 am. E8 stated she is normally responsible for initiating the Resident Criminal Background Checks. E8 stated that she was off on medical leave from 4/25/16-5/18/16. E8 stated when she came back to work she did an audit and saw that the criminal background checks had not been initiated for R27 who was admitted on 5/6/16.</p> <p>On 6/16/16 at 3:45 pm E8 stated she requested criminal background information for residents via the CHIRP (Criminal History Information Response Report) system. E8 printed a transaction report which documented a background check request was initiated on 5/26/16 for (R12, R27, R28, and R29). E8 did not know why the residents R12, R28 and R29 who have resided in the facility since 2013 and 2015 did not have CHAR reports completed by the State Police when they were admitted.</p> <p>The "Identified Offender Facility Policy and Procedure dated 2011 states "It is the policy of this facility to establish a resident sensitive and resident secure environment. In accordance with the Nursing Home Care Act, this facility shall check the criminal history background on any resident seeking admission to the facility in order to identify previous criminal convictions..The following definition is based on the federal and state laws, regulations and interpretive guidelines. Identified Offender: Any person who has been convicted of, found guilty of, adjudicated delinquent for, found not guilty by reason of</p>	S9999			



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S9999	<p>Continued From page 7</p> <p>insanity for, or found unfit to stand trial for, any of the statute citation numbers listed in the Identified Offender Conviction List or any of the statute citation numbers listed in the Sex Offenses List of the IDPH Identified Offenders Program attached to this procedure....3. Conduct a Criminal History Background Check :Within 24 (hours) of admission, requesting a name-based Uniform Conviction Information Act (UCIA)....for any resident seeking admission to the facility. 4. Check the UCIA response against the statute citation numbers from the IDPH Identified Offender Conviction List and the IDPH Sex Offenses List...Once the facility determines the resident is an Identified Offender, the facility must request in 72 hours for the resident to undergo a live scan State and Federal Bureau of Investigation fingerprint check with in five business days...Immediately complete and submit the IDPH Identified Offender Information Form and fax it to the IDPH Identified Offender Program along with a copy of the UCIA response. The facility will not wait for the fingerprint results to send the Identified Offender Information form to IDPH..the facility will receive a phone call from the Illinois State Police Division of Internal Investigation within three business days scheduling an on site facility interview with the resident and the Administrator...The facility will receive an Identified Offender Report and Recommendations within four to six weeks. The Identified Offender Report and Recommendations shall be incorporated into the facility's care plan."</p> <p style="text-align: center;">(B)</p> <p>_____</p> <p>_____</p> <p>300.661</p>	S9999			



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S9999	<p>Continued From page 8</p> <p>300. 661 Health Care Worker Background Check</p> <p>A facility shall comply with the Health Care Worker Background Check Act [225 ILCS 46] and the Health Care Worker Background Check Code [77 Ill. Adm. Code 955].</p> <p>This requirement is not met as evidenced by:</p> <p>Based on record review and interview the facility failed to initiate a criminal background check or a Fee Application check for one of six (E9) employees hired within the last four months. This has the potential to affect all 64 residents.</p> <p>The finding includes:</p> <p>On 6/14/16 the facility provided a list of six employees hired within the last four months, other than Certified Nurse Aides (CNA). The personnel files were reviewed for evidence of UCIA (Uniform Conviction Information Act) criminal background checks, Health Care Worker Registry Checks and reference checks. The list stated that E9 was hired on 3/12/16 as a Transport Aide. Review of E9's personnel file showed E9 was not on the Health Care Worker Registry. E9 did not has a Fee Application (FEE APP) fingerprint report and there was no UCIA results for a criminal background check.</p> <p>On 6/16/16 at 2:00 pm Administrative Assistant E8 confirmed that E9 was hired in March 2016 as a part time bus driver. E8 stated E9 does sometimes transport residents alone. E8 stated the facility fingerprints everyone during the hiring process within 10 days, E9 had stated upon hire that he had been previously fingerprinted for being a foster parent and E9 was to bring in</p>	S9999			

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S9999	<p>Continued From page 9</p> <p>documentation. E8 stated the facility should have initiated a FEE APP.</p> <p>E9's timecard from 3/12/16-6/16/16 documents E9 worked as a transport aide on 33 days of that time period.</p> <p>"Background Screening Investigations" policy dated August 2010 states "Our facility conducts employment background screening checks, reference checks and criminal conviction investigation checks on individuals making application for employment within our facility..The Personnel/Human Resources Director, or other designee, will conduct employment background checks, reference checks an criminal conviction investigation checks on individuals making application for employment with our facility. Such investigation will be initiated within two days of employment or offer of employment...For any individual applying for a position as a Certified Nursing Assistant, the state nurse aide registry will be contacted to determine if any findings of abuse, neglect or mistreatment of individuals and or theft of property have been entered into the applicants file."</p> <p>The "Police Background Checks" policy dated 7/05 states "It is the policy of this facility to complete criminal background checks on all employees."</p> <p>The facility Resident Census and Conditions of Residents form dated 6/14/16 lists a resident census of 64 residents.</p> <p>(B)</p> <p>_____</p> <p>300.670c)</p>	S9999			

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S9999	<p>Continued From page 10</p> <p>Section 300.670 Disaster Preparedness c) Fire drills shall be held at least quarterly for each shift of facility personnel. Disaster drills for other than fire shall be held twice annually for each shift of facility personnel. Drills shall be held under varied conditions to:</p> <ol style="list-style-type: none"> <li>1) Ensure that all personnel on all shifts are trained to perform assigned tasks;</li> <li>2) Ensure that all personnel on all shifts are familiar with the use of the fire-fighting equipment in the facility; and</li> <li>3) Evaluate the effectiveness of disaster plans and procedures.</li> </ol> <p>This requirement is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to complete any fire extinguisher training for staff during the preceding year. The facility also failed to complete one required disaster drill for first shift, two required disaster drills for second shift, and two required disaster drills for third shift during the previous year. These failures have the potential to affect all 64 residents residing in the facility.</p> <p>Findings include:</p> <p>On 6/16/2016 the Facility Disaster Drills documents a total of one disaster drill completed on first shift on 12/23/2015 at 11:00 AM. No other drills were documented.</p> <p>On 6/16/2016 at 2:13 PM, E12 (Maintenance Director) acknowledged the facility did not complete any additional disaster drills other than the 12/23/2015 drill for first shift.</p> <p>On 6/16/2016 at 3:22 PM, E14 (Registered Nurse) could not recall completing any disaster</p>	S9999			

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S9999	<p>Continued From page 11</p> <p>drills during the previous year.</p> <p>On 6/16/2016 at 3:15 PM, E13 (Registered Nurse) could not recall completing any disaster drills since beginning work at the facility in August, 2015.</p> <p>On 6/16/2016 facility records did not document fire extinguisher training for staff for the previous year.</p> <p>On 6/16/2016 at 2:13 PM, E12 was not aware of the facility performing any fire extinguisher training for staff during the previous year.</p> <p>On 6/16/2016 at 3:22 PM, E14 could not recall completing any fire extinguisher training during the previous year.</p> <p>On 6/16/2016 at 3:15 PM, E13 could not recall completing any fire extinguisher training since beginning work at the facility in August, 2015.</p> <p>The Resident Census and Conditions of Residents Report dated 6/14/2016 documents 64 residents residing in the facility.</p> <p>(B)</p> <p>300.1230a)b)c)d)e)f)1)g)h)i)j)5)k)l)</p> <p>Section 300.1230 Direct Care Staffing</p> <p>a) For the purposes of this Section, the following definitions shall apply:</p> <p>1) Direct care is the provision of nursing care or personal care as defined in Section 300.330, therapies, and care provided by staff listed in subsection (f).</p> <p>2) Skilled care is skilled nursing care, continuous skilled nursing observations, restorative nursing, and other services under professional direction</p>	S9999			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003578</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>06/17/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>GILMAN HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1390 SOUTH CRESCENT STREET, BOX 307 GILMAN, IL 60938</b>		
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S9999	Continued From page 12  with frequent medical supervision. 3) Intermediate care is basic nursing care and other restorative services under periodic medical direction. b) The number of staff who provide direct care who are needed at any time in the facility shall be based on the needs of the residents, and shall be determined by figuring the number of hours of direct care each resident needs on each shift of the day. c) If residents participate in regularly scheduled therapeutic programs outside the facility, such as school or sheltered workshops, the minimum hours per day of direct care staffing in the facility are reduced for the hours the residents are not in the facility. d) Each facility shall provide minimum direct care staff by: 1) Determining the amount of direct care staffing needed to meet the needs of its residents; and 2) Meeting the minimum direct care staffing ratios set forth in this Section. e) The direct care staffing requirements in this Section apply to the number of persons actually on duty and not to the number of persons scheduled to be on duty. f) For the purpose of computing staff to resident ratios, direct care staff shall include the following, as long as the person is assigned to duties consistent with the identified job title and documented in employee time schedules as required by Section 300.650(i): 1) registered nurses; g) Facilities subject to Subpart S may utilize specialized clinical staff, as defined in Section 300.4090, to count towards the staffing ratios. (Section 3-202.05(a) of the Act) h) Care Determinations When differences of opinion occur between facility staff and Department surveyors regarding	S9999			

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S9999	Continued From page 13  the care an individual resident may require, the surveyor shall determine whether the resident is receiving appropriate care. If the resident is receiving appropriate care, the surveyor will accept the facility's determination of the number of direct care hours the facility shall provide. i) The facility shall schedule nursing personnel so that the nursing needs of all residents are met. j) Skilled Nursing and Intermediate Care For the purpose of this subsection, "nursing care" and "personal care" mean direct care provided by staff listed in subsection (f). 5) Effective January 1, 2014, the minimum staffing ratios shall be increased to 3.8 hours of nursing and personal care each day for a resident needing skilled care and 2.5 hours of nursing and personal care each day for a resident needing intermediate care. (Section 3-202.05(d) of the Act) k) Effective September 12, 2012, a minimum of 25% of nursing and personal care time shall be provided by licensed nurses, with at least 10% of nursing and personal care time provided by registered nurses. Registered nurses and licensed practical nurses employed by a facility in excess of these requirements may be used to satisfy the remaining 75% of the nursing and personal care time requirements. (Section 3-202.05(e) of the Act) l) To determine the numbers of direct care personnel needed to staff any facility, the following procedures shall be used: 1) The facility shall determine the number of residents needing skilled or intermediate care. 2) The number of residents in each category shall be multiplied by the overall hours of direct care needed each day for each category. 3) Adding the hours of direct care needed for the residents in each category will give the total hours of direct care needed by all residents in the	S9999			

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S9999	<p>Continued From page 14</p> <p>facility.</p> <p>4) Multiplying the total minimum hours of direct care needed by 25% will give the minimum amount of licensed nurse time that shall be provided during a 24-hour period. Multiplying the total minimum hours of direct care needed by 10% will give the minimum amount of registered nurse time that shall be provided during a 24-hour period.</p> <p>6) The amount of time determined in subsections (l)(4) and (5) is expressed in hours. Dividing the total number of hours needed by the number of hours each person works per shift (usually 7.5 or 8 hours) will give the number of persons needed to staff each shift. Calculations shall not include time for scheduled breaks or scheduled in-service training. The number of residents used to calculate staff ratios shall be based on the facility's midnight census.</p> <p>These requirements not met as evidenced by:</p> <p>Based on record review and interview the facility failed to meet the minimum staffing requirements for registered nurses on two of fourteen days reviewed. This failure has the potential to effect all 64 residents residing in the facility.</p> <p>Findings include:</p> <p>On 6/16/16 E1, Administrator, provided a staffing spreadsheet for the period of 6/1/16 through 6/14/16. This spreadsheet documents an average daily census of 12.07 skilled care residents and 51.57 intermediate care residents. Calculations determine that the facility requires 17.48 hours of registered nurse time in a 24 hour period.</p> <p>The staffing spreadsheets and working schedules document the following staffing failures:</p>	S9999			



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S9999	<p>Continued From page 15</p> <p>6/4/16 15.75 hours of registered nurses resulting in a shortage of 1.73 hours;</p> <p>6/5/16 12.0 hours of registered nurses resulting in a shortage of 5.48 hours.</p> <p>On 6/17/16 at 11:40 am, E1, Administrator, stated, "We are still short on these two days (6/4/16 and 6/5/16)."</p> <p>The Resident Census and Conditions of Residents Report dated 6/14/16 document 64 residents reside in the facility. (AW)</p>	S9999			